

PROJECT REQUEST

TO: Commissioner, Department of Administration
Indiana Government Center South
402 West Washington Street, Room W479
Indianapolis, Indiana 46204-2716

PROJECT REQUEST NO: _____

DATE:

ATTN: Public Works Division

FROM:

INSTITUTION:

DEPT./AGENCY:

Request for (please check one):

New Construction_____, Rehabilitation_____, Repairs_____, Installation_____, Alterations

Description and location of buildings

PROJECT DESCRIPTION:

Square Footage: New Construction _____ Rehabilitation

Give explanation of need for project (attach sheet if needed)

ESTIMATED COST:

Estimated Engineering Service	\$
Estimated Basic Construction	\$
Estimated Equipment	\$
Other	\$
Total Project Amount	\$
Funds Previously Approved	\$
Amount of This Request	\$

BASIS FOR ESTIMATE:

SOURCE OF FUNDS:

Fund Name: _____ Year: _____

Line Item Name:

Line Item Unallocated Balance:

Amount of Line Item Request: \$

OTHER SOURCES: _____ \$

_____ \$

_____ \$

TOTAL \$

FOR REHABILITATION AND REPAIR PROJECTS ONLY

Current age and condition of facility:

Additional improvements required within 5 years:

DIVISION OR AGENCY HEAD (SIGNED)

(TITLE)

DEPARTMENT HEAD (SIGNED)

APPROVED _____

DISAPPROVED

COMMENTS:

DATE

DIRECTOR, PUBLIC WORKS DIVISION
DEPARTMENT OF ADMINISTRATION

DATE

COMMISSIONER,
DEPARTMENT OF ADMINISTRATION

DATE

DIRECTOR,
STATE BUDGET AGENCY

ACCOUNT NO: _____

AMOUNT ALLOCATED:\$